

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No.

1003

Registrar's No.

12103

63-049807

DO NOT WRITE
ON THIS STUD

AMENDED

FILED DEC 27 1963

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital # 1 | | d. STREET ADDRESS (If outside, give location) 1221 So 16th St Rear | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|---|---------------------------|---|--|------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Joe Willie Nelson | | | 4. DATE OF DEATH Month Day Year Dec 5 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/12/1909 | 9. AGE (last birthday) 54 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY | | |
| 11a. FATHER'S NAME Joe Nelson | | | 11b. MOTHER'S MAIDEN NAME Mary Lou Preston | | |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 13. SOCIAL SECURITY NO. Ella Croney 2652 Caroline | | |
| 14. NAME OF HUSBAND OR WIFE None | | | Address | | |

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|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonia; Exposure; when found lying in alley in rear of 1209 So 6th DUE TO DUE Died on or about 4th of December 1963. | | INTERVAL BETWEEN ONSET AND DEATH |
|--|--|----------------------------------|

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 932.5-46 | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|--|

| | | |
|---|---|---|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above |
| 20c. TIME OF INJURY Hour Month, Day, Year 12-4-63 | | |

| | | | | |
|---|--|---|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc) street 26 | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo | COUNTY | STATE |
|---|--|---|--------|-------|

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|---|---------------------------|---|--|---|
| 21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 12/7/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Dec 12, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 23d. LOCATION (City, town, or county) St. Louis, Mo | 23e. DATE RECD. BY LOCAL REG. DEC 7 1963 |
| 24. FUNERAL DIRECTOR'S SIGNATURE Anatomical Board | | 25. REGISTRAR'S SIGNATURE Paul Smith, M.D. | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

DATE AMENDED
12-18-63

AS RECORDED
as record

ITEM NO.

1402 So Grand

Anatomical Board

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

McLain Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.